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ISSUE CLASSIFICATION

SERIAL NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP PART UNIT	EXAMINER
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APPLICANTS

Foreign priority claimed 35 USC 119 conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	AS FILED	STATE OR COUNTRY	SHEETS DRWGS.	TOTAL CLAIMS	INDEP CLAIMS	FILING FEE RECEIVED	ATTORNEY'S DOCKET NO.
Verified and Acknowledged	Examiner's initials								

ADDRESS

TITLE

U.S. DEPT. OF COMM. / PAT. & TM.—PTO-436L (Rev. 12-94)

PARTS OF APPLICATION FILED SEPARATELY				Applications Examiner		
NOTICE OF ALLOWANCE MAILED		Assistant Examiner		CLAIMS ALLOWED		
				Total Claims	Print Claim	
ISSUE FEE		DRAWING				
Amount Due	Date Paid			Sheets Drawn	Figs. Drawn	Print Fig
		ISSUE FEE PAID				